

Turtle Moon Acupuncture, PLLC Acupuncture * Herbal Medicine * Qi Gong * Tui Na

Dana Balassi, Dipl OM, DACM, LAc The Garden 434 Church St Saratoga Springs, NY 12866 (206) 579-8267 NY Ac Lic # 004758

INSURANCE FEES AND CANCELLATION POLICY

Payment is required at the time of service in the form of cash, check, or debit/credit card. As the client, you are responsible for the cost of the office visit co-pay, dispensary items purchased, and any laboratory costs incurred. If payment is not received within 30 days, and no payment arrangement has been made, a \$10 fee may be charged for each month payment is late. I am a preferred provider for several insurance plans. I will bill your insurance for you if your plan covers for acupuncture.

By signing this form you assign all medical and acupuncture benefits, including major medical benefits to which I am entitled. You authorize and direct your insurance carriers, including Medicare, private insurance, and any other health/medical plan, to issue payment directly to Turtle Moon Acupuncture and/or Dana Balassi for healthcare-related services rendered to you and/or your dependents regardless of your insurance benefits, if any. You understand that you are responsible for any amount not covered by insurance.

Insurance fee breakdown:

New Patient Exam: \$122.00 - \$190.00

Established Patient Exam for additional ICD-10 or after 6 months of treatment: \$95.00 -

\$153.00

Acupuncture first 15 minutes: \$65.00 Acupuncture next 15 minutes: \$50.00

Estim first 15 minutes: \$77.00 Estim next 15 minutes: \$63.00

Infrared (TDP lamp or moxabustion): \$12.00 Vasopneumatic Device (cupping): \$20.00 Physical Medicine Procedure (gua sha): \$25.00

Special Reports or Forms/Narrative Report: \$30.00

Copy & Handling Fee: \$0.75 per page.

CANCELLATION POLICY:

In the event you are unable to make your appointment, 24 hours advance notice of cancellation via telephone call is required. Should I experience an emergency requiring cancellation of your appointment, no fee will be charged and your appointment will be rescheduled for another time.

Revised: January 1, 2025 Page 1 of 2



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Fees for missed or forgotten appointments may be waived or incur a no-show fee of \$50 dollars at the discretion of the practitioner.

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Signature	Date(MM/DD/YYYY)

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